

The Coming Plague: Newly Emerging Diseases in a World out of Balance

Laurie Garrett
Virago, £20, pp 750
ISBN 1 85381 764 3

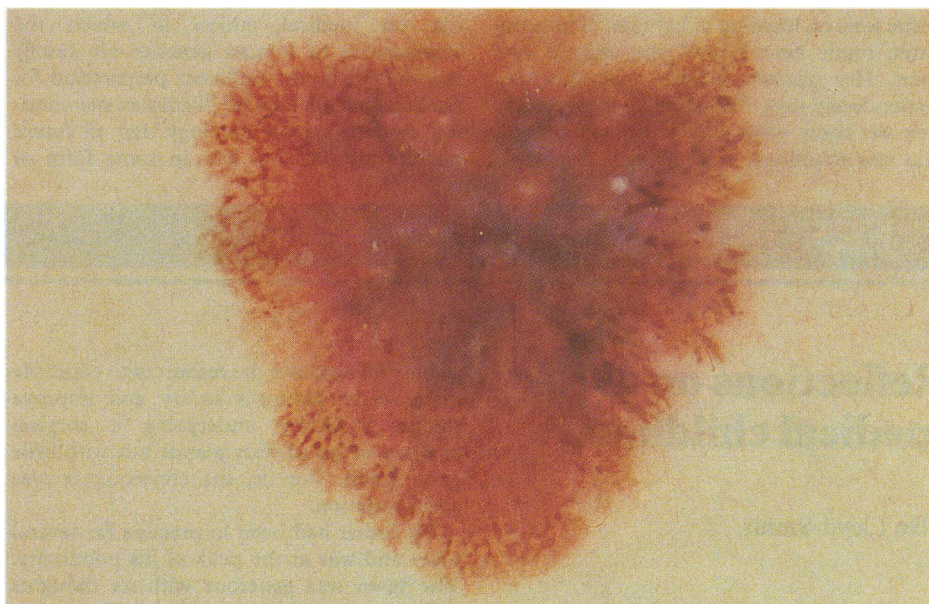
Optimism that followed the development of effective antibiotics, vaccines, and ambitious public health programmes has been confounded by the emergence of new infectious diseases and resurgence of old ones, sometimes in impressive epidemics. The changing nature of infectious disease epidemiology results from the altered balance between host (humans), agent (the microbe), and environment; this is the subject matter of this excellent book by the American journalist Laurie Garrett.

The Coming Plague describes for the non-specialist what several recent official reports in the United States have documented for professionals: that microbial threats to health will always be with us, and can be kept at bay only by constant vigilance. Social and environmental changes force infectious agents to adapt and evolve in their struggle to maintain their place in the sun. Social and environmental changes have upset the biological equilibrium, leading to resurgence of old diseases such as tuberculosis or emergence of new agents such as HIV.

Laurie Garrett explores specific examples of new diseases, their discovery, and their investigation in great detail, based on extensive review of the literature and interviews with people concerned. The best chapters in my opinion are those dealing with haemorrhagic fevers—especially Lassa and Ebola—and AIDS, but other subjects well covered include toxic shock syndrome, legionnaire's disease, and the recent hantavirus outbreak in the Four Corners area of the United States. Garrett's extensive discussions with people who played key roles in the epidemiological investigation of these outbreaks offer fascinating human insights in addition to description of medical events.

The book examines the influence of social change on infectious diseases—for example, the effects of urbanisation in developing countries, or inner city deprivation in the industrialised world. Other topics include the spread of microbial drug resistance, and the influence of politics on public health policy, exemplified by the well known swine-flu episode in 1976 in the United States. The major argument of the book is that we are ill prepared for the challenge of infectious diseases that the future will bring, and the final chapter calls for specific interventions to increase our global preparedness.

The Coming Plague contains irritating technical mistakes and is sometimes repetitive and rambling, but it deserves to be read



Skin surface microscopy (dermatoscopy) particularly of the edge of skin lesions can be useful in assessing malignancy, as in this case of a malignant melanoma. Taken from *Color Atlas of Dermatoscopy* by Wilhelm Stolz *et al* (Blackwell Science, £75, ISBN 0 86542 379 2), devoted to diagnosis of moles and naevi.

by anyone interested in public health and infectious diseases, including health professionals and teachers of biological sciences. Recent events since the book was written include dramatic epidemics of cholera and shigellosis among Rwandan refugees, and a further outbreak of Ebola haemorrhagic fever in Zaire. Further evidence of the importance of the message should not be required.—KEVIN M DE COCK, *London School of Hygiene and Tropical Medicine, London*

Alzheimer's Disease: A Medical Companion

Alistair Burns, Robert Howard, William Pettit
Blackwell Science, £19.50, pp 159
ISBN 0 632 03731 8

Alzheimer's disease is rarely out of the news these days, whether through the revelations of public figures such as Ronald Reagan or Lord Wilson being affected (or not, in the case of Ernest Saunders) or the furore over the decision not to license tacrine for use in the United Kingdom. Public awareness has risen dramatically over the past decade, and Professor Burns and his colleagues have produced an authoritative, attractive, well designed monograph which should help general practitioners to keep abreast of the many developments influencing the diagnosis and management of patients with Alzheimer's

disease and related disorders.

The need for such a book is clear: a recent survey of general practitioners, commissioned by the Alzheimer's Disease Society, indicated that, while most were aware of the society nationally, only a third knew of its activities in their locality and only 14% referred carers to it. Over two thirds (71%) of the general practitioners responding to the survey felt that their training had been inadequate in relation to the management of dementia. Over 2000 carers in touch with the society gave their views in a parallel survey. A quarter felt that their GP had a poor or very poor knowledge about dementia; 60% reported that their GP had not carried out a memory test when the problems of the person with dementia were brought to his/her attention. Over a third were not referred on for specialist help.

Reluctance to refer people with dementia to specialist services is perhaps less surprising in the light of recent research comparing the views of GPs and old age psychiatrists. General practitioners were more likely to believe that early referral was not helpful, but at the same time they reported that patients with dementia made them feel that they themselves had little to offer as doctors.

By bringing together the perspectives of leading old age psychiatrists and a general practitioner, *Alzheimer's Disease: A Medical Companion* allows some of the differences in attitude and approach to be tackled. It would be the perfect antidote for any general practitioner wondering whether he or she might have anything to offer in the assessment, management, care, and support of people with dementia and their families. Its breadth and depth of coverage will appeal to

those who require more meat than is provided by the excellent booklet for GPs available from the Alzheimer's Disease Society.

Alzheimer's disease will continue to be a major issue in primary care. As more and more older people survive into their 80s and beyond, where the prevalence of the dementia is at its greatest, the numbers affected will continue to grow, as will the demands on services for these needy patients. General practitioners will then encounter more and more people with dementia in their roles as gatekeepers to specialist and community services. As hospital provision is replaced by reliance on residential and nursing homes under the community care arrangements, general practitioners will also increasingly have to take part in the complex task of providing medical care for the many people with dementia in long term care. This book should meet a widely experienced need. —BOB WOODS, *senior lecturer in clinical psychology, University College London*

Patient Controlled Analgesia

Edward Welchew
BMJ Publishing Group, £16.95, pp 133
ISBN 0 7279 0860 X

Our approach to managing postoperative pain has changed fundamentally over the past decade. Previously, most patients were fortunate if they received two or three doses of intramuscular opioid after major surgery. This despite numerous publications describing the excessive incidence of severe pain after surgery. There were probably two catalysts for change. Firstly, the report of the Royal Colleges of Anaesthetists and Surgeons on *Pain After Surgery* was published in 1991. It recommended a change in our attitude to postoperative pain, improved education, and the safe introduction of new pain management techniques into British hospitals. In general this was well received, and most hospitals have responded to it.

The second factor was the development of relatively inexpensive and reliable machines for patient controlled analgesia. In the 1980s, patient controlled analgesia was regarded largely as a research tool and used by a handful of enthusiasts, including Edward Welchew, the author of this book. Now it is becoming the most frequently used technique in Britain for the relief of pain after major surgery. Naturally, this development has spawned several new publications, but there have been few which concentrate on the practical use of patient controlled analgesia on the wards.

Edward Welchew's book fills this gap. It covers clearly and succinctly all the topics relevant to successful and safe management

of postoperative pain. Throughout, the emphasis is on the practical, effective, and safe use of patient controlled analgesia.

After a short dissertation on the historical aspects of postoperative pain relief, the various drug regimens that can be used with patient controlled analgesia are described. This important aspect is often misunderstood and Welchew has been very perceptive in understanding the need for a clear, concise description. There are many devices for patient controlled analgesia on the market and there are important differences between them. It is certainly possible to invest in many thousands of pounds' worth of machinery only to realise, at a later date, that the devices you have purchased are not quite suited to your particular needs. The next two chapters describe the individual characteristics of each machine currently available and, uniquely, how they actually work. This lucid impartial description, aided by numerous photographs and diagrams, is particularly fine and is essential reading for those in the market for such devices. Even the dedicated enthusiast would learn more than a thing or two from these chapters.

Patient safety is of paramount importance, and the author's next task is to describe, and put into perspective, the problems associated with the use of patient controlled analgesia. Each difficulty is discussed with authority in a manner reflecting Welchew's practical experience. Respiratory depression is, of course, the most important side effect of opioid administration, no matter what technique is used, and patient controlled analgesia is no exception to this. Respiratory depression has been allocated its own chapter and is discussed in some detail.

Finally, *Patient Controlled Analgesia* deals with the practical organisation and funding problems of an acute pain service. The importance of this topic cannot be overstated; money for an acute pain service is not simply handed out on a plate in most hospitals. A clear and convincing "business plan" has to be presented, often by a doctor whose interest is in patient safety and comfort, not in management jargon. Much advice can be gleaned from the final chapters on this tortuous but vital topic.

If you are using patient controlled analgesia in your hospital and are engaged in teaching colleagues and nursing staff, you will find this book invaluable. All those concerned with providing pain relief after surgery will benefit greatly from reading it.—DAVID ROWBOTHAM, *senior lecturer in anaesthesia, University of Leicester*

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Selection

Two autobiographies by elderly doctors deserve a mention. The 87 year old Zoltan Frankl describes a mixed up life in Hungary as an oral surgeon, internment in a concentration camp during the second world war, and working for the communists in the Korean war before finally escaping to England in *Whirlwind* (obtainable from the author at 85 Greenhill, London NW3 5TZ, £5.99, ISBN 0 952585 40 5). In *Satan's Spawn* (Minerva, £7.99, ISBN 85863 310 9) Geoffrey Robinson, aged 98, surveys the century's medicine from qualification at King's in 1920, general practice in Bexley, and wartime service in the RAMC, to ear, nose, and throat surgery in Leicester, where he fought the cause of the despised senior hospital medical officer.

William Pryse-Phillips, professor of neurology at the Memorial University of Newfoundland, has produced an encyclopaedic *Companion to Clinical Neurology* (Little, Brown, \$99.95, ISBN 0 316 72041 0) which should appeal to anyone interested in the background to clinical practice. Containing over 15 000 alphabetical entries and 5000 references, it is a quite extraordinary work of scholarship and erudition.

The Buckingham Project was set up in 1984 to provide high quality mental health care in the community. In *Integrated Mental Health Care* (Cambridge University Press, £19.95, ISBN 0 521 49972 0) two team members, Ian Falloon and Gráinne Fadden, describe how success has been achieved by cooperation between the mental health and primary care teams, carers, and families, by early detection of problems, continual training and education, and repeated evaluation.

Echocardiography might be thought to be highly specialised, but John Chambers, cardiologist at Guy's and St Thomas's hospitals, argues in *Clinical Echocardiography* (BMJ Publishing Group, £49.95, ISBN 0 7279 0810 3) that general physicians need to know about the clinical indications. He has produced an excellent guide, clearly written and profusely illustrated, to its value in conditions that may come their way.

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